

Nutrition Assistance Amid Disaster:
WIC Administration & Crisis Events

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Abstract

This thesis explores the effect of crisis events on the administration of the Special Supplemental Food Program for Women, Infants, and Children (WIC) in North Carolina, with a particular emphasis on ethical challenges associated with disaster administration. Using a critical interpretive review, this paper identifies and analyzes trends in North Carolina WIC's disaster response, and evaluates them against a normative ethical framework. This research finds that WIC administration during crises is generally more flexible and more likely to be agency-preserving for program participants, as compared to non-emergency policies. Ultimately, this work argues that emergency administration protocols offer a favorable model for implementing agency-promoting policies and procedures across WIC agencies and at all times, not just during disasters.

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I. Introduction

In 1972, with concerns mounting over the effects of hunger and malnutrition on pregnant women and their children, Congress authorized a pilot supplemental food program to address their unique nutritional needs (Snap to Health, 2021). By 1975, the pilot program had become a permanent national health and nutrition program, known today as the Special Supplemental Food Program for Women, Infants, and Children (WIC) (National WIC Association, 2018). WIC's mandate is to improve the health of low-income women, infants, and young children who are at nutritional risk (USDA Food and Nutrition Service, 2013). Over the life of the program, this mandate has expanded to include the provision of nutrition education and health care referral services (National WIC Association, 2018).

The WIC program operates as a partnership between federal, state, and local authorities. Federally, WIC falls under the jurisdiction of the U.S. Department of Agriculture's Food and Nutrition Service (FNS) (USDA Food and Nutrition Service 2013, para. 4). The program receives congressional funds, which are distributed annually as grants to states and administered locally by various health and nutrition agencies (National WIC Association 2018, para. 4). Though FNS issues program regulations, state WIC agencies possess considerable freedom to conduct their programs within the scope of these regulatory guidelines (Oliviera & Frazão, 2015). This enables individual states to tailor their program to meet specific needs.

Disasters represent one circumstance that may prompt state WIC programs to take advantage of administrative flexibility. For instance, during Hurricane Sandy, WIC offices in New York City were forced to modify regular rules and procedures in order to better support recipients (Wemette et al., 2018). Similar measures have been taken in response to emergency

events in other locales. Going forward, this paper will focus on North Carolina WIC's response to disasters and emergencies, giving special consideration to the ethical implications of short-term changes in program administration.

To that end, this study seeks to answer the following questions:

- (1) How have North Carolina WIC programs changed to afford participants and administrators greater flexibility in times of crisis?
- (2) Should North Carolina WIC programs incorporate administrative changes made during crises as permanent aspects of their non-emergency protocol?

These questions represent a significant but under-researched current in the literature regarding nutrition assistance programs and participant autonomy. The role of the latter is particularly salient in the case of crises, because disaster events tend to produce increased autonomy for WIC participants as compared to standard program administration. That is, crises often force WIC administrators to waive or suspend requirements that they would strictly enforce under standard program operation, e.g. rules governing eligibility documentation or requirements to appear in person to receive agency services (Richardson, 2006). Because such allowances are common during disasters, these events present a unique opportunity to consider how crises affect WIC participants' autonomy, as well as to understand how their autonomy is promoted or curtailed by agencies' emergency practices.

Concerns about autonomy are not unique to WIC, but rather arise with respect to many welfare programs. However, among such programs, WIC is a perennial target of criticism for those who believe it unacceptably curtails participant autonomy over their nutrition choices. In the past, literature that addresses questions of autonomy in food assistance programs has focused

on instances of item restriction, such as sugar-sweetened beverage or junk food bans (Chrisinger, 2017; Barnhill & King, 2013). However, this study breaks with that tradition by investigating questions of participant autonomy and program flexibility with respect to overall WIC administration, rather than individual alterations to benefit packages. Moreover, because administrative changes during disasters are usually intended to be temporary, this study will consider the ethical implications of reinstating program restrictions after a period of increased flexibility. Finally, by considering such issues in the context of crises, this research attempts to understand why certain kinds of flexibility are deemed permissible at some times and not others.

These inquiries are significant because they contribute to an ongoing dialogue about welfare program administration and the autonomy of participants. However, by considering food assistance programs in a unique context (during crisis events) and with a particularly vulnerable class of welfare recipients (women and young children at nutrition risk), this study aims to evaluate the ethical implications of welfare program administration in a new light.

Ultimately, this investigation finds that North Carolina WIC's emergency program administration is relatively autonomy-preserving. However, its ordinary program operation is not. This is because different pressures exist for WIC agencies during crises than are typically present under ordinary circumstances. Thus, disaster events force agencies and administrators to be selective about which policies and procedures are essential to continue to serve WIC recipients and which are extraneous. As a result, WIC programs tend to waive or suspend many of their more tedious, time-consuming, and restrictive policies. This finding and its implications will be discussed further throughout this work.

In the following chapter, I will discuss WIC program administration during emergencies, paying special attention to issues of resiliency in emergency practices. In Chapter Three, I will review the data analyzed in this study and describe the process I used to conduct a critical interpretive review of this data and related literature. In Chapter Four, I outline a framework for normatively assessing welfare programs and employ it to evaluate WIC's emergency policies. Finally, in Chapter Five I discuss the policy implications of this study and suggest avenues for future research.

II. Background and Conceptual Framework

This chapter discusses WIC program administration during emergencies, paying special attention to issues of resiliency in emergency practices. It situates these discussions in a broader literature concerning welfare program management and participant rights/autonomy. First, I briefly describe ordinary WIC program operation and discuss commonly employed emergency procedures. Next, I discuss the effect of program changes during transition periods, with a focus on the transient nature of most administrative modifications and raising questions about the resiliency of WIC as a program. Then, I identify literature that offers a normative framework for addressing this study's second key question: should administrative changes made to WIC programs during crises be permanent?

A. WIC Program Administration and Emergency Modifications

Under ordinary circumstances, the WIC program fulfills three primary functions for its target population: providing supplemental foods, health care referrals, and nutrition education. The purpose of providing these services is to support "good health care during critical times of growth and development in order to prevent the occurrence of health problems and improve the health status" of pregnant women, infants, and young children (Child Nutrition Amendments of

1978). To fulfill that mandate, WIC programs in the state of North Carolina are required to a) integrate themselves with established health services, b) tailor nutrition education to participants, and c) offer tailored food packages. Additionally, North Carolina WIC programs offer breastfeeding support for pregnant and postpartum women (Nutrition Services Branch NCDHHS, 2019).

When emergency events occur, the provision of these services may be disrupted. Because pregnant/postpartum women, infants, and children are already a nutritionally vulnerable group, the interruption of WIC benefits by disasters places these individuals at a heightened risk. This risk increases when a given emergency is complex in nature or extended in length (Costello, 2013). North Carolina WIC recognizes an event as a *disaster situation* if it “threatens to or has already interrupted the provision of WIC services and caused the relocation of WIC participants” (Nutrition Services Branch NCDHHS 2019, p. 13). To help meet the needs of WIC program participants during crisis events, North Carolina’s Nutrition Services Branch Head is empowered to activate a disaster response. In recent years, the branch has authorized disaster assistance in response to weather events such as hurricanes, tornadoes, and tropical storms (USDA Food and Nutrition Service, 2021). A disaster response was also initiated in response to the ongoing COVID-19 pandemic.

The North Carolina WIC Program Manual outlines a number of available disaster responses related to food benefits, flexibility in program operation, local agency policies, temporary eligibility criteria, etc. The disaster policies and procedures outlined in the Program Manual represent a number of crisis response measures state WIC agencies might take. However, these are not exhaustive. State WIC authorities may seek emergency authorization from the Department of Agriculture to implement additional changes to eligibility and benefit guidelines

during emergencies. However, it is worth noting that the WIC program lacks a dedicated legislative authority to oversee disaster assistance or management¹ (Richardson, 2006). This means that when a disaster does occur, there is ambiguity concerning which government body can or should initiate and manage a response.

Moreover, as a grant program, WIC is unable to obtain funding beyond its annual allocation without congressional action. Thus, WIC programs may be financially constrained in their ability to respond to certain kinds of disasters. In light of these constraints, there are a few commonly implemented emergency policies. In North Carolina, these generally fall into the following categories:

- Changes to Eligibility Criteria – during disasters, WIC programs often alter eligibility requirements to allow those who have become nutritionally insecure as a result of an emergency event to seek benefits. Common changes include waiving identity documentation requirements and deferring requirements for physical evaluations, such as blood tests (Nutrition Services Branch NCDHHS, 2019). In extreme cases, the Agriculture Department may intervene to waive “any condition governing [the provision of] federal assistance” to disaster victims (Richardson 2006, p. 7). For instance, this measure was approved for child nutrition programs in the wake of Hurricane Katrina.
- Flexibility in Program Operation – this provision allows WIC agencies to relax administrative requirements related participants’ physical presence, benefit certification periods, and issuance of benefits through eWIC, WIC’s electronic benefit transfer system (Nutrition Services Branch NCDHHS, 2019). Disaster policies may exempt individuals

¹ Following Hurricane Katrina, the Senate proposed a bill that would have created a child nutrition program disaster authority. However, it was never passed.

from physically appearing at WIC clinics, authorize alternative benefit issuance sites, and/or extend the certification of benefits period for infants and young children (Nutrition Services Branch NCDHSS, 2019).

- **Adjustments to Food Benefits** – these adjustments allow WIC agencies to alter food benefit prescriptions to reflect participants’ changing circumstances as disaster victims. Common adjustments include allowing for the redemption of food benefits for items that were destroyed or displaced by disaster, making maximum monthly allowances of supplemental foods available in all benefit packages for qualifying participants, and accommodation of program participants who lack food storage or preparation spaces (Nutrition Services Branch NCDHSS, 2019).
- **Agency-Level Procedures** – In North Carolina, local agencies must develop and maintain disaster policies consistent with state and local requirements (Nutrition Services Branch NCDHSS, 2019). The state WIC Program Manual dictates minimum provision requirements for local policies, but individual agencies are ultimately able to exercise a level of discretion over their own disaster procedures.
- **Federal Intervention** – As a grant program, WIC is subject to federal intervention. During disasters, federal action often affects program administration or funding. As previously discussed, Congress allocates WIC program budgets annually as part of the appropriations cycle. Thus, WIC programs operate with fixed funds and are relatively unsuited to respond to costly disasters. During prolonged emergencies, Congress may appropriate additional funds for affected WIC agencies to help cover expenses associated with disaster response (Richardson, 2006). The federal government may also intervene to

ease administrative requirements or waive program eligibility criteria beyond what state authorities are empowered to do.

These changes address different parts of the WIC program, but they are alike in that they are normally temporary. Administrative flexibility is usually authorized for a period of weeks or months after a disaster event and it eventually expires. At that time, program participants and administrators must readjust to non-emergency operations and policies.

B. WIC Resilience and the Effect of Temporary Program Changes

Because of the limitations discussed above, WIC is not always quick to respond to program participants' changing needs during a crisis event. Instances of inadequate or untimely response can be found among several recent crises and across locales. Notable failures occurred in the aftermath of Hurricanes Sandy, Katrina, and Rita, as well during the ongoing COVID-19 pandemic (Wemette et al., 2018; Richardson, 2006, Carson & Khurana, 2020).

Though the literature addressing nutrition assistance programs during crises is limited, it paints a picture of administrative, regulatory, and ethical challenges. On the whole, these challenges suggest that WIC as a program is not well-equipped to transition efficiently into or out of crisis administration, and this fault threatens individuals who are at greater nutritional risk than the general population (Carson & Khurana, 2020).

Administrative and Regulatory Challenges

One of the only in-depth assessments of the effect of crises on the provision of WIC services comes from New York State (Wemette et al., 2018). The account details obstacles WIC agencies and staff encountered during and after Superstorm Sandy struck in 2012. Given that WIC programs are relatively similar across locales with respect to their aims, general operation,

and federal mandate, I will assume for present purposes that the challenges New York WIC agencies faced in the aftermath of Hurricane Sandy are comparable to those other agencies might face in the wake of crisis events.

Though WIC agencies are advised (and in many cases required) to meet minimum standards of emergency preparedness, they may still struggle to respond adequately to disaster events (Nutrition Services Branch NCDHHS 2019, p. 15; Wemette et al., 2018). Moreover, some crises like the COVID-19 pandemic are virtually unprecedented in their scope and effects, making it difficult for agencies to prepare themselves and/or respond efficiently to program participants' needs. Beyond these general challenges in disaster preparedness, WIC agencies reported difficulties in emergency operations coordination and program flexibility during crises (Wemette et al. 2018, p. 1391).

On the first front, program staff described “a lack of resources for emergency operations,” challenges “associating and validating [participant benefits],” and difficulty “coordinat[ing] their programme’s response” to the disaster event (Wemette et al. 2018, p. 1391). These challenges were only exacerbated by the fact that crisis events typically have a detrimental impact not just on WIC participants, but on program staff and administrators as well. Thus, during disasters, the very people relied upon to attend to the nutritional needs of a particularly vulnerable segment of the population may be inhibited in their ability to respond effectively to participant needs due to the personal toll of a crisis (Wemette et al., 2018). This, coupled with the difficulties described above can lead to poor coordination among WIC agencies during and after disasters.

A second type of challenge reported by WIC staff during crises relates to flexibility in program operations. While some of these concerns are unique to instances of natural disasters

that limit agencies' ability to access electronic records, associate and validate benefits, or communicate with other WIC centers, many of the obstacles described could arise in diverse disaster scenarios. For instance, inflexible requirements that WIC staff access statewide information systems via intranet connections and provide services from existing WIC centers (rather than temporary or mobile sites) produce additional obstacles to meeting program participants' needs during an especially challenging time (Wemette et al., 2018). Such inflexibility combined with unavoidable constraints of emergencies can lead to "difficulty sustaining the provision of services...[and] the disruption of communication (both within the programme and with clients)" (Wemette et al. 2018, p. 1395).

Moreover, in the case of Hurricane Sandy, this lack of administrative and regulatory flexibility was accompanied by inadequate guidance from state and local health authorities. WIC staff reported receiving insufficient communication of expectations and a lack of support from partner agencies at the state and regional level (Wemette et al. 2018, p. 1393). This trend is not completely surprising given that WIC lacks a designated authority at the federal level to oversee or coordinate disaster response (Richardson, 2006). However, it is important to note that this lack of oversight presents tangible obstacles for state and local agencies as they attempt to respond to the diverse needs of program participants during and after disaster events.

Overall, WIC operates as a network of government agencies with limited resources and often rigid administrative and regulatory guidelines. The sketch of WIC's emergency response capabilities provided here aims to show that agencies may not be well suited to adjust to sudden changes in program administration, including those that may become necessary during a disaster event. Thus, it can be inferred that transitioning into and out of crisis administrative protocols

may produce an undue burden for WIC employees and create detrimental effects for WIC participants who may struggle to obtain and utilize their benefits during a given disaster event.

C. Ethical Challenges & Normative Frameworks: Autonomy, Paternalism, and Resiliency

In addition to the administrative and regulatory difficulties described above, temporary WIC program changes may present ethical challenges. These are due in part to the status of WIC recipients as members of a vulnerable population and to the dire nature of crisis events. However, WIC is also subject to many of the ethical critiques common to welfare programs in general. Thus, it may simply be the case that such ethical concerns are heightened under conditions of duress like those caused by disasters.

Even under non-emergency circumstances, supplemental nutrition programs like WIC receive criticism for limiting participants' agency with respect to food and nutritional choices (Chrisinger, 2017). By design, these programs limit the type of goods participants can buy with their benefits, as well as how and when they are allowed to make particular purchases (Carson & Khurana, 2020). Thus, in comparison to non-WIC consumers, program participants experience a limited set of food choices.

One reason this limited set of choices might amount to an ethical concern relates to the population targeted by such restrictions. In the case of WIC, program participants are members of a vulnerable population of mothers, pregnant or recently post-partum women, infants and young children. Moreover, individuals and families receiving WIC benefits are relatively poor, having gross annual incomes at or below 185% of the federal poverty line (Nutrition Services Branch NCDHSS, 2019). Because of the extenuating circumstances created by participants' stage of life and socioeconomic status, increased care may be necessary when considering

altering (temporarily or permanently) a program that is “critical to their everyday decisions and budgeting” (Chrisinger 2017, p. 3).

Additionally, it is important to consider the disproportionate impact that program changes may have for individuals who are already agency-constrained in some way. For instance, in the case of WIC, all participants belong to a class of welfare recipients who are relatively vulnerable because of their status as infants, young children, or new/expecting mothers. This vulnerability is compounded by the autonomy constraints inherent in their status *as* welfare recipients. That is, in order to continue to receive benefits and services they require, WIC recipients surrender some agency to make independent nutritional decisions for themselves and their households. This compromise renders WIC recipients agency-constrained with respect to their food and nutrition choices, so long as they remain in the WIC program.

Given the agency-constraining effect of policies to which WIC and other welfare recipients must regularly submit, it is valuable to consider why such restrictive measures are favored over alternatives. Policymakers in particular may wish to consider whether such policies primarily reflect moralistic or health-oriented concerns (Chrisinger 2017, p. 4). Thoughtful consideration of these questions could serve to illuminate potential ethical trade-offs at play when choosing whether and how to regulate the actions and benefits of WIC participants, as well as other agency-constrained members of the population.

During crisis scenarios, these concerns for the agency and wellbeing of a vulnerable segment of the population are compounded. This is because crises transform agency constraints from sources of indignity or inconvenience into tangible threats to welfare recipients’ physical health and safety. Though the nature of this risk varies with the type of emergency, analysis of recent crises shows that disaster events put WIC recipients at greater nutritional risk than the general

population. Additionally, they find that food insecurity and issues of access are generally worsened as states and governments uphold pre-crisis rules governing welfare program administration (Carson & Khurana 2020, p. 10). Specifically, the strict maintenance of pre-crisis regulations during an emergency appears to “exacerbate problems related to food security and diminish access to proper nutrition” for WIC recipients (Carson & Khurana 2020, p. 11). These findings are particularly concerning, given that promoting food security is a primary aim of WIC and other supplemental nutrition programs. Thus, ethical questions arise at the point that standard administrative and regulatory practices begin to produce outcomes that are counterproductive to overall program goals.

Despite these predictably negative outcomes, the maintenance of ordinary welfare program regulations during crises continues. To better explore the normative questions raised by this trend, it is useful to consider a number of ethical frameworks related to welfare, autonomy, and government paternalism. While these topics may not seem closely related to those discussed thus far, they are integral to contemporary conceptions of the role of welfare, as well as the rights and dignity of welfare recipients. By considering these themes in tandem, it is my aim to demonstrate how traditional Western concepts such as agency, liberty, and freedom prime us to think about welfare recipients and their moral autonomy differently than we would about other citizens.

Agency, Liberty, and Moral Autonomy

At the center of many debates about the utility and propriety of agency-reducing welfare policies are notions of liberty, autonomy, and paternalism. For that reason, I will consider normative frameworks that explicitly address concerns of welfare recipient autonomy.

Within the literature I examine, autonomy and paternalism emerge as central themes and tend to be framed in opposition to one another. This framing is also common in public, non-academic discourse. Particularly in the American context, discussion is often colored by a cultural preoccupation with individual freedom, against which any limitation of agency may be regarded as an affront. Given this cultural backdrop, it is important to differentiate between liberty and autonomy in order to advance a fruitful discussion of the normative permissibility of various welfare policies.

To that end, Buchanan (2015) offers a useful analysis of the concepts of freedom, negative liberty, and autonomy. He argues that autonomy and liberty have become conflated in public and academic discourse, such that ‘autonomy’ has begun to take on a Millian characteristic. That is, autonomy has been recast as conceptually similar to liberty as formulated in J.S. Mill’s influential 1859 work *On Liberty*. In that tradition, liberty is conceived as “freedom *from* external constraint, freedom to do whatever one pleases as long as it does not harm others” (Buchanan 2015, pp. 403). This way of thinking about liberty is often termed negative liberty.

However, the concept of autonomy originates in an alternative philosophical tradition, one popularized by the work of Kant. In stark contrast to Millian liberty, Kantian autonomy is defined by positive freedom. On this account, “freedom to choose and moral responsibility are inseparable” (Buchanan 2015, pp. 403). Rather than prioritizing the freedom to act however one pleases, autonomy centers a kind of moral capacity to regulate one’s behavior and submit to norms that are beneficial. Thus, built into this conception of autonomy is a regard for humans as moral agents with a capacity for thoughtful self-direction. Buchanan asserts that it is this moral autonomy that “affords humankind its peculiar dignity” (2015, pp. 403).

Having defined autonomy in this way affords the notion a particular weight in the discussion of agency-constraining welfare policies, because it begins to link the provision and protection of autonomy with moral regard for persons. With this conception, one can begin to ask questions about the role of autonomy in health status (the topic of interest in nutritional welfare interventions), the distribution of agency among different population groups, and the effect of curtailing certain individuals' autonomy in the name of public health.

Buchanan argues forcefully that autonomy itself acts as a social determinant of wellbeing, stating, "having a sense of control over one's destiny is the most powerful factor in determining individual health status" (2015, pp. 405). He further claims that because the capacity to exercise autonomy in health choices is constrained for some populations, namely those receiving welfare benefits, agency itself is unjustly distributed in society (2015, pp. 406). This unjust distribution is ethically significant, and must be addressed by any normative framework seeking to assess the permissibility of welfare policies. Moreover, in order to properly center welfare recipients' status as moral, autonomous agents in our discussions of welfare paternalism, we must refocus on the issue of whether individuals "can make meaningful choices about what they are able to do with their lives" (Buchanan 2015, pp. 408).

Welfare Paternalism

However, welfare programs and the governments that administer them often demonstrate insufficient regard for the value of welfare recipients governing their own lives. As a result, they may implement policies or design programs in ways that deny individuals their status as autonomous agents. When governments curtail citizens' autonomy in this way, they may face accusations of welfare paternalism. This theme is prominent in literature regarding welfare programs, with some scholars arguing that certain programs (or parts of such programs) are

paternalistic in their dealings with recipients (Buchanan 2015; MacKay 2019). To understand and evaluate such claims, it is useful to define paternalism and welfare state paternalism.

Dworkin (1999, as cited in Buchanan, 2015) defines the former as “interference with a person’s liberty of action justified by reason referring exclusively to the welfare...of the person being coerced” (p. 400). Similarly, MacKay (2019) offers a definition of paternalistic behavior as acts that interfere with a target’s liberty or autonomy without the target’s consent, and occur only because the agent believes an act will improve the target’s welfare. As the term implies, a key characteristic of paternalism is the infantilization of one agent at the hands of another. This treatment may cast doubt on the former’s ability to self-govern or imply that their judgement is deficient in some way. That is, paternalism tends to advance a negative judgement about the targeted party’s abilities.

Welfare state paternalism (WSP) possesses a very similar character. This type of paternalism occurs when a government (1) implements a policy to improve an agent’s wellbeing, (2) does so without the agent’s consent, and (3) the policy is “motivated by and/or expresses a negative judgement about [the agent’s] self-governance or decision-making abilities” (MacKay 2019, p. 431). In the absence of any of these conditions, a policy cannot properly be regarded as paternalistic.

Given that the aim of most welfare programs is explicitly to improve participants’ wellbeing, it is unlikely that the first condition would go unsatisfied. However, it is not immediately clear whether the same is true of the latter two conditions.

With respect to the second condition – agents’ consent to government policies – one could argue that welfare recipients give their tacit consent to program policies by accepting

benefits. However, it seems that obeying a law or accepting a policy's benefits is not the same as consenting to them. For the present context, it is especially important to consider the way that a welfare recipient's material needs may influence their ability to refuse benefits, even if they would not normally agree to the conditions/requirements imposed by a policy. To address this type of concern, MacKay identifies authorization as the "token of consent" citizens must explicitly offer in order to impose a law or policy on themselves (2019, p. 430). Thus, the act of authorization transforms compliance with a law or policy into an act of self-government. When consent is absent due to a lack of authorization by the target population of a welfare policy, governments risk acting paternalistically by imposing a program or policy to which citizens have not consented.

The notion of consent developed here presents potential problems for governments and other bodies involved in the administration of welfare programs. This is because it is not always clear how an agent or population targeted by a welfare policy can or will authorize it. MacKay proposes a number of acts that may count as authorization, but this list is not exhaustive (2019). Most useful for present purposes is the suggestion that governments may secure a target population's hypothetical consent to a given act when the policy being implemented is one to which the population *would* consent. Besides potentially circumventing challenges related to securing explicit authorization, the implementation of a "paternalistic welfare policy to which the targeted population would consent is more respectful of them" as autonomous agents than the alternative (MacKay 2019, p. 443).

The concept of respect for populations targeted by welfare policies is also prominent in the third condition for WSP. This condition relates to the motivation behind a policy and/or the judgement it expresses. In the case of welfare, the primary concern is that policies, in their

development or implementation, will express negative judgements about the populations they intend to serve. For example, a requirement that welfare recipients submit to drug testing appears to express a negative judgement about participants' habits or lifestyle choices. Such judgements are concerning because welfare recipients are already often subject to harmful stigmatization, even as they participate in programs that aim to improve their wellbeing (Chrisinger, 2007).

Though there is a heightened risk of such consequences when governments pass negative judgements about welfare recipients (or advance policies that seem to do so), many welfare programs do not directly assess participants' decision-making abilities. Rather, these programs may attempt to evaluate participants' access to resources that could enable them to achieve program goals, e.g. food security, housing stability, employment, etc. For this reason, it is useful to distinguish between policies that express a negative judgement of welfare recipients' self-governance abilities and those that judge that recipients lack external resources to secure some standard to living. If only the latter judgement factors in to a welfare program's creation and administration, the initiative cannot properly be regarded as paternalistic on MacKay's definition.

However, paternalist welfare policies that do express a negative judgement about recipients' capacity for self-governance or decision-making may harm participants in a number of ways. MacKay (2019) describes two particular ways that paternalistic policies may disrespect welfare recipients' status as autonomous agents. First, such policies fail to afford targets equal status with other autonomous agents, and thus err by assigning them an inferior status. Second, when governments act paternalistically, they treat targets as agents that lack the ability to self-govern in the interest of their own well-being and imply that the will of the government should replace that of a welfare recipient (MacKay 2019, p. 435). The degree of harm caused by these

negative judgements can vary, but MacKay suggests that more harm occurs when paternalist policies dictate an end goal rather than allowing participants to self-govern and when such policies substantially infringe on agents' autonomy rights (2019). I will return to questions of the degree of harm associated with WSP in a subsequent chapter.

Overall, MacKay emphasizes that there is a “moral cost to [paternalistic] policies, since they chip away at people’s status qua equal autonomous agents, suggesting their self-governance abilities are suspect and so not to be fully trusted” (2019, p. 441). This cost will be the subject of greater consideration in chapter four.

Resiliency

A final topic that warrants discussion in this context is that of resiliency. As components of the social safety net, welfare programs like WIC must be able to fulfil their mandates, even under pressure. Natural disasters, economic shocks, and other crises test the ability of welfare programs to respond resiliently to emergencies. Despite the fact that millions of Americans have a heightened dependence on WIC and other social safety net programs during crises, government programs are not always well equipped to respond to increased or complex demands. In particular, changes to welfare infrastructure in recent years have made the US social safety net less responsive to economic crises (Bitler et al., 2020). As a result, emergency responses may be delayed and lead to incomplete coverage of eligible beneficiaries, as has been seen during the ongoing COVID-19 crisis (Bitler et al. 2020). However, even before the onset of the pandemic, experts and practitioners observed holes in the social safety net, resulting in “uneven and incomplete protection” for particularly vulnerable segments of the American population (Bitler et al. 2020, p. 140).

These uneven results are largely a consequence of one overarching flaw in the design of the American welfare infrastructure; we have a social safety net that requires an “additional boost during recessions” and other crisis events (Bitler et al. 2020, p. 141). This means that emergency policies and protocols generally do not go into effect automatically when a crisis occurs. Rather, many programs including WIC require state or federal authorization to initiate disaster responses. Moreover, the duration of such responses is usually predetermined and may not conform to the actual needs of welfare recipients amid disaster scenarios. For instance, temporary assistance may be tied to the duration of a “state of emergency” as declared by state or federal authorities, but expire before economic conditions have normalized in an affected area, leaving vulnerable populations without resources to weather ongoing hardships.

In addition to harms caused by early termination of welfare benefits during crises, delays in relief resources can result in significant problems for welfare recipients. Any number of disaster-related obstacles can cause delayed emergency responses, but often they are the result of administrative uncertainty (Bitler et al. 2020). This uncertainty may be the consequence of inadequate disaster planning and protocol development, or it may arise from a lack of coordination between relevant authorities before disasters occur. In any case, structural inadequacies such as these can undermine the emergency resiliency of welfare programs to the detriment of beneficiaries. When social safety net programs demonstrate an inability to respond efficiently and effectively to disasters, crucial services become less responsive to the needs of the populations they serve.

The ethical consequences of this breakdown will be explored in detail in chapter four. There, I will also discuss the role of autonomy, paternalism, and resiliency in normatively

evaluating welfare programs like WIC. However, in the following section, I will discuss the methods utilized in this study.

III. Data and Methods

The data reviewed in this study come from disaster events that occurred in North Carolina in roughly three years between April 2018 and April 2021. Though comprising a modest number of events, the ones considered provide insight into the types of incidents that are usually regarded as “disasters” by NC WIC and typical responses to such events.

These data are supplemented by literature addressing the design of government nutritional assistance programs in the U.S., from which normative criteria were derived through a critical interpretive review. This method utilizes critical analysis to formulate a normative framework for evaluation of the WIC program and its disaster response. This framework in turn allows for the generation of recommended changes to WIC administration during crises.

Sources

This study reviewed data from two main sources: the USDA Food and Nutrition Service’s Disaster Assistance dashboard for North Carolina² and North Carolina’s WIC website³, operated by the state’s Department of Health and Human Services (NC DHHS > Department of Public Health > Nutrition Services Branch > WIC).

The former provides a list of disaster events for which disaster nutrition assistance was provided. It also overviews changes made to supplemental nutrition programs in the form of

² <https://www.fns.usda.gov/disaster/north-carolina-disaster-nutrition-assistance>

³ <https://www.ncdhhs.gov/assistance/childrens-services/wic-special-supplemental-nutrition-program>

waivers, provision of increased administrative flexibility, changes to benefits, etc. The entries at the time of writing spanned the period between April 15, 2018 and February 15, 2021.

From the second source, I consulted a webpage related to North Carolina WIC's disaster resources and services. Though the NC WIC site houses webpages with information on general disaster response and emergency protocols, I elected to focus on a page launched in response to the COVID-19 pandemic, titled "WIC Program: COVID-19 Emergency Response" (WIC > COVID-19 Emergency Response). This page houses resources for families, WIC agencies, and administrators for navigating disaster situations and securing access to/provision of services during emergencies. It was still being updated regularly at the time of writing.

These sources are relevant to the present study because they provide a snapshot of the kinds of events NC WIC tends to regard as "disasters" and what administrative and policy actions they typically employ in response to such events. The resources consulted are both active sites, which post regular program updates and often retain previous postings for reference. For this reason, they were especially useful to this study in its aim of capturing a general account of WIC program changes during crises.

An individual entry on the FNS Disaster Assistance dashboard or COVID-19 Emergency Response webpage will be used as the unit of analysis. On the former, each "incident" will be counted as one entry. On the latter, only entries under the menu entitled "COVID-19 Information for Local Agencies" will be included. Entries under other sections are excluded, because they contain resources directed at WIC recipients and families, which are not relevant to the present inquiry.⁴ By considering all entries on the FNS dashboard and only a subset of those from the

⁴ A complete list of entries analyzed for this study can be found in the appendix.

COVID-19 Emergency Response webpage, I intend to focus my analysis solely on administrative practices and related changes to/waivers of these practices during disasters.

Limitations

Although the slate of events considered by this study includes all available instances of disaster assistance authorization from the last three years, the total number of entries examined is still modest (n=10). Even so, they represent a large share of the available data maintained by state and federal agencies with respect to supplemental nutrition program administration and recent disasters in North Carolina. Ideally, incident data would be available for the period before April 2018, but the FNS Disaster Assistance dashboard is limited in its scope. As mentioned previously, its oldest entry is from an event just three years ago.

This created a limitation for the present study, as it was unable to incorporate incidents from a longer period of time. Thus, my research and analysis are bounded within a short and relatively recent time frame. Despite this limitation, I still expect that the incidents included can provide a general picture of recent trends in NC WIC's disaster assistance and emergency response.

A second challenge created by the shorter time frame of events is that not all disaster events in the available window affected WIC administration. That is, many of these events affected the administration of supplemental nutrition programs generally, and did not result in WIC-specific accommodation. However, in an effort to include a greater number of data points and capture these general trends, I elected to consider events that triggered general accommodation in supplemental nutrition program administration, even if they were not WIC-specific changes.

A final challenge presented by the limited temporal scope of the FNS dashboard data was that there was minimal diversity in the types of disaster events included. To address this, I included entries from a second source – NC WIC’s COVID-19 Emergency Response webpage. This inclusion was useful for two main reasons. First, it allowed me to analyze a number of more recent entries. Second, it resulted in the inclusion of a crisis event that was not related to a natural disaster. By contrast, all incidents on the FNS dashboard resulted from severe weather events.

Despite these actions aimed at increasing the number and diversity of disasters considered, the slate of events is still moderate and has a limited temporal scope.

Analysis

The data described above were analyzed alongside ethics literature related to supplemental nutrition and/or other nutrition-based welfare programs. This content formed the basis of a critical interpretive review (CIR), through which I derived normative criteria and synthesized a framework for program evaluation (discussed in detail in the following chapter). CIR was a useful analytic framework for this study, because it allows one to capture the key ideas relevant to a given issue and is particularly applicable to addressing both ethics literature and related normative questions (Williams & Dawson, 2020). Additionally, a CIR allows for the inclusion of multiple search methods in the same review – a tactic that was employed for this study.

In the course of this review, I engaged in organizational analysis, identifying recurring themes in the ethics literature and extracting concepts and criteria relevant to my key questions.

In the following chapter, I will discuss patterns that emerged among these sources and describe the evaluative framework I formulated.

IV. Results and Discussion

In this chapter, I will discuss the general trends that emerged during the critical interpretative review outlined in chapter three. I will then introduce the normative framework I derived from ethics literature surrounding the administration of supplemental nutrition programs. Finally, I will use this framework to evaluate North Carolina WIC's emergency practices.

A. Key Themes in WIC Disaster Response

Upon completing a critical interpretive review of the sources described in chapter three, three types of disaster response measures appeared repeatedly. These included changes to welfare recipients' benefits, alterations to ordinary timelines, and administrative policy changes.

The first type of response addresses the content of supplemental nutrition assistance recipients' food packages. These changes commonly include the temporary expansion of approved foods to combat the effects of scarcity during disasters, the full or partial replacement of benefits lost/stolen/destroyed by a disaster, and the provision of maximum benefits to all individuals/households for a predetermined period. The approval of maximum benefits and expansion of approved foods generally occur with no official action on the part of WIC recipients. However, replacement of benefits may require a written statement from recipients attesting to the loss of food. On the whole, changes to benefits are intended to help ensure that WIC recipients are able to experience relative food security, even during disasters.

The second response type encompasses measures that are intended to lessen strain on WIC participants and agency staff by easing requirements for completing certain actions within a strict timetable. Common examples of timeline changes include waiving requirements for timely reporting or extending the reporting window, early issuance of benefits to prepare for/recover from disaster events, and the extension of emergency benefits or other program changes beyond the initially stated expiry. Oftentimes, these changes occur in conjunction with others intended to ease the strain on WIC employees as claims spike or become unusually complex during emergencies. The types of changes found in the final response category demonstrate this.

The last type of crisis response is administrative policy change. These responses alter the way that WIC employees administer the supplemental nutrition program, usually to make allowances for the realities of program administration during a crisis event. Common alterations of this nature include the extension of certification periods for new WIC recipients, waiver of certain reporting requirements, and waiver of requirements that recipients be physically present at a WIC agency in order to register for benefits or receive other services.

Through each of these types of changes, it is worth noting that the underlying administrative and benefit structure of the WIC program remains largely unaltered. Thus, although the program is somewhat responsive to needs generated by unique disaster scenarios, alterations tend to deviate only by degrees from ordinary program functioning.

B. Normative Framework for WIC Program Evaluation

Drawing from the ethics literature reviewed in chapter two, I have developed a list of normative criteria for evaluating WIC programs and assessing the permissibility of the emergency administrative practices detailed above. The criteria considered are intended to assess

the level of regard for individual agency a given program affords participants. This framework will also be a useful tool for addressing this study's second key question, which asks about the favorability of making WIC's emergency administrative changes permanent. The criteria I will consider are: 1) Degree of Control, 2) Ends and Means, 3) Singling Out Effect, and 4) Consent. These criteria aim to assess the level of respect for individual agency exhibited by a government or program. Regard for agency is not a binary variable; rather, it exists along a spectrum. At one end are the most paternalistic policies, and at the other are those that are most respectful of individual autonomy. Each of the four criteria considered throughout the rest of this chapter represent a dimension along which policies may be more or less paternalistic. Although these measures are not perfect, they provide a theoretical framework for placing policies along the paternalistic/autonomy-respecting spectrum. This framework can in turn help academics and practitioners to evaluate proposed policies as either more or less paternalistic, enabling them to make value judgements about the permissibility of a given policy in light of relevant autonomy concerns.

Degree of Control

As described in chapter two, there is reason to believe that individuals' perception of their own autonomy affects health status (Buchanan, 2015). There is also cause to take autonomy concerns seriously from a normative perspective, as recognition of others' autonomy is integral to respecting their status as rational, self-governing agents (MacKay 2019). Acknowledging and valuing these dimensions of individuals' personhood is a crucial responsibility of governments in the formation and administration of public policies. This point is particularly salient in the context of welfare policy, because welfare recipients are often subject to agency-reducing measures, which may curb their already limited slate of choices (Chrisinger, 2017). For these

reasons, this criterion addresses ways that welfare policies, in either their substance or administration, impact the degree of control welfare recipients are able to exert over their own lives and choices. In particular, it examines the ways that limiting welfare recipients' control harms them as autonomous agents.

In this evaluative framework, I will focus on two particular ways that welfare policies (or the judgements they express) can harm recipients *as autonomous agents*. The first is by insulting agents' equal dignity. One can think of this as a sort of soft affront, whereby governments need not necessarily impede individuals' ability to act autonomously. Rather, they wrong welfare recipients as self-governing agents by insulting their dignity relative to agents who do not receive welfare. By failing to afford welfare recipients equal status with other autonomous agents, governments harm recipients in a morally significant manner.

Welfare programs may also harm recipients' autonomy through interference. In order to show proper deference for all citizens as equal autonomous agents, governments must "recognize the value of people exercising their autonomy and so governing their own lives" (MacKay 2019, p. 436). However, governments may fail in this regard when they implement programs that interfere with people's exercise of control over their personal lives or attempt to supplant individual discretion with government control. Drawing on MacKay's concept of an interference wrong, this aspect of the degree of control criterion is concerned with instances when governments employ non-rational means to influence the actions of populations targeted by a given policy (2019). Such approaches fail to engage targets as rational decision makers, attempting rather to coerce, limit available choices, compromise targets' deliberative processes, or exploit their cognitive biases (MacKay, 2019). By engaging in such acts, governments

simultaneously impede agents' ability to exercise control and disrespect agents in their status as rational, self-governing individuals.

Ends and Means

Another consideration when evaluating welfare is the effect of a program's ends and means. Because welfare programs differ significantly in their aims and target populations, a wide spectrum of mandates are represented among social safety net programs. Despite this variety, we can make general evaluations about the posture of a given program toward participant agency by considering whether their policies direct individuals' goals or values, or only concern the means employed to realize these ends. In general, we can understand programs that direct agents' ends as being more disrespectful of them as autonomous persons than are programs that just address the choice of means. MacKay explains this well when he states, "the choice of ends is value-laden, expressing a person's judgement of which sorts of activities are worth doing and which goals are worth pursuing; the choice of means, by contrast, is simply a matter of instrumental reasoning" (2019, p. 441). Thus, when a welfare program dictates an end that participants are to aim for, these individuals are more disrespected than they would be by a policy that only addressed the means of attaining a goal of their own choosing.

One notable instance when this pattern may falter is during a disaster event. At such times, we can reasonably expect that individuals' choice of aims and values will be much more uniform than they would be under normal circumstances. For instance, the aims of securing stable shelter, food, water, and electricity during a hurricane would likely be shared by all parties effected by the disaster. Thus, when emergency relief or welfare programs set the choice of ends in a manner that is consistent with the dire needs of recipients, it seems improper to say that such actions disrespect targets' agency. Rather, during a crisis event, we may well become increasingly

concerned with the means welfare programs prescribe for attaining the common goals that victims of crises are likely to hold.

For instance, let us assume that during a disaster, certain welfare participants receive an emergency stipend. There are no restrictions on the type of goods they may purchase with this stipend. However, they may only use their stipend at businesses within their county of residence. Unfortunately, due to the disaster event, many residents have been displaced from their home counties. As a result, these individuals are functionally barred from using their emergency relief funds.

From this example, it is apparent that dictating the means by which a goal can be realized may present a structural barrier to autonomous, self-preserving behavior during a disaster event. Thus, even though means-directed welfare policies are less paternalistic and more respectful of individual autonomy in general, this trend does not always hold. Governments should therefore be especially cautious of imposing measures that limit welfare recipients' ability to pursue program ends, particularly during times of crisis.

Singling Out Effect

As should now be clear, welfare recipients experience a greatly limited slate of choices compared to their peers who do not receive welfare benefits. Often, this reality correlates to a reduction in individual agency and increased stigma that permeates various aspects of welfare recipients' lives (Chrisinger, 2017). As a result, the ability and opportunity to exercise autonomy, "in the ethically relevant meaning of the term, is unjustly distributed" in society to the detriment of members of marginalized groups (Buchanan 2015, p. 406). The effect of such agency-

reducing and stigmatizing policies is morally significant and should be an area of concern for governments and policymakers.

One way to curb the negative effects of stigmatizing welfare policies is to monitor the degree to which programs and their administration single out particular populations as being deficient. Singling out may occur when programs used by specific subsections of the population require screenings or training to which a member of the general population would not be subject. For instance, if a program that catered to low-income parents required them to complete childcare education courses which well-to-do new parents were not subject to, the policy would single out the former group as being uniquely in need of parenting training. In so doing, it also casts aspersions on the competency of low-income adults as parents and caregivers.

Policies such as these express a judgement that members of certain stigmatized groups are not only unequal in their self-governance ability relative to the supervising agency itself, but also imply that targets are deficient compared to other groups of citizens. In both cases, target populations are harmed by the implication that they are less or possibly *undeserving* of equal autonomous status with groups not subject to a given welfare policy. Given the documented moral and dignitary harms that may befall welfare recipients as members of a stigmatized group, it is imperative that welfare policies avoid singling out the populations they serve, lest they exacerbate these negative consequences.

Consent

A final criterion to consider is the role of consent in welfare policies, which often have paternalistic elements even when they do not meet the definitional threshold for welfare state paternalism. As discussed in chapter two, consent can make a policy non-paternalistic when it

would otherwise be paternalistic. Thus, one way to evaluate a welfare program is to consider the degree to which it secures authorization from the target population.

Although it will rarely be possible to secure consent from every individual within a relevant group, it may be possible to approximate the level of support for a given welfare policy among the people it targets. When a population generally supports a policy that affects them, one may regard the population as having given their hypothetical consent to that measure. Though each individual has not explicitly authorized the policy, it is nevertheless sensitive to the group's autonomous preferences (MacKay, 2019). Policies that seek this kind of authorization from members are more respectful of individual agency in general than are those that ignore target populations' preferences.

Together, these criteria aim to provide a framework for evaluating the degree to which welfare programs demonstrate a regard for participants' agency as a primary determinant of wellbeing and a critical dimension of moral personhood. In the following section, I will use the elements of this framework to consider whether North Carolina WIC's emergency administration policies promoted or hindered recipients' agency. I will then employ my findings to address this study's second key question: Should North Carolina WIC programs incorporate administrative changes made during crises as permanent aspects of their non-emergency protocol?

C. Evaluating WIC during Disasters

Using the sketch of common procedures employed by North Carolina WIC during crises provided in part A and the framework detailed in part B, it is now possible to engage in a normative evaluation of the program's emergency procedures. To do so, I will discuss each of the framework's criterion in turn.

Degree of Control

During a crisis scenario, ordinary thinking about autonomy and control must be altered somewhat. While under normal conditions, agents are assumed to be autonomous and self-governing, their agency may be curtailed significantly by a disaster event. For example, during a natural disaster such as a hurricane or tornado, individuals may well find themselves limited in the exercise of their individual control, because they lack access to resources and infrastructure that normally aid them in that regard. That is not to suggest that their status as autonomous agents has somehow changed. Rather, it is to point out that certain conditions can impede the exercise of agency.

In general, WIC policies that make it easier or faster for WIC recipients to regain control over their exercise of autonomy during an emergency will be more respectful of their status as self-governing agents. For instance, timeline changes that extend disaster benefits or allow for early issuance of benefits recognize WIC recipients' autonomy insofar as they materially equip recipients to exercise their own best judgement about preparing for or weathering disasters. In this way, they increase the chances that recipients will be able to continue to exercise their autonomy throughout the duration of a given crisis. Promoting this type of control over one's circumstances is also consistent with the account of autonomy described earlier, which asserts that "freedom to choose and moral responsibility are inseparable" (Buchanan 2015, pp. 403).

Other emergency policies, like those that waive physical presence requirements for WIC services and expand the basket of approved food items, also respect WIC recipients' dignity as autonomous agents. In both cases, these policies treat beneficiaries as competent, trusted adults who are capable of making self-preserving decisions about their food purchasing/consumption and when/whether it is safe to return to WIC offices to solicit program services.

On the whole, WIC's emergency policies seem to demonstrate an interest in promoting recipients' autonomy during disasters, both by limiting instances of unnecessary interference and by preserving dignity and choice when possible.

Ends and Means

As discussed in the body of this framework, ends and means concerns are particularly affected by crises. Given this study's focus on the impact of WIC administration during disasters, I will direct the present consideration toward a discussion of means. Holistically considering the common disaster responses listed above, it seems that WIC employs relatively respectful emergency procedures.

With respect to benefit changes, measures that expand the basket of acceptable foods and increase the scale of benefits can both be understood as buffeting available means of fulfilling a (likely) self-directed end of food security during disasters. Likewise, early issuance of benefits grants WIC recipients greater instrumental flexibility in how they choose to prepare for and recover from disasters. Finally, administrative flexibility created by extending WIC certification periods and waiving physical presence requirements grant recipients the ability to approach and access their benefits through a wider variety of means than is available under non-emergency circumstances.

Singling Out Effect

Given the relative strength of WIC's emergency administration on the first two criteria, it is not surprising that there is little to say about the third. Upon reviewing the common disaster responses, there seems to be minimal evidence of singling out effects, with one notable exception.

When describing common benefit changes that occur during disasters, I noted that WIC

recipients may be required to “sign a statement attesting to the fact that their food benefits have been damaged, destroyed, or stolen as a result of a disaster” in order have their benefits replaced (USDA Food and Nutrition Service 2021, n.p.).

This policy appears to be an instance of singling out, because it would apply only to WIC recipients seeking to have their benefits replaced, but not other people affected by disaster who may also seek food replacement from other sources, e.g. food banks or emergency shelters, which might also be government-run. Because this latter group of individuals is not asked to make a statement attesting to their loss, the impact of this policy is disparate. Moreover, it could be understood as expressing the negative judgement that WIC recipients are more likely than the general public to misrepresent the degree of their loss after a disaster, a claim which has no basis in fact.

Consent

Evaluating the role of consent within WIC’s disaster policies proves somewhat difficult. As is the case during general, non-emergency operation, it is not possible to obtain the consent of all or even most WIC participants to any given policy. During disasters even more so than under ordinary conditions, it is also difficult to assess what the degree of support for a given crisis policy would be. Breakdowns in communication, displacement of WIC participants and employees, uncertainty about disaster protocol, and many of other obstacles can prevent policymakers and emergency response authorities from determining the actual preferences of the target population. Thus, for the purposes of this evaluation, I will broaden MacKay’s concept of hypothetical consent to include crisis policies that a generic WIC recipient would authorize during a disaster.

Using this lens, we can assume that WIC recipients would view favorably any changes that increased flexibility in the receipt and exercise of their benefits. Moreover, we can assume that burdensome administrative requirements are unlikely to be favored and therefore would not be authorized by target population support. Given that most of the disaster responses considered expand WIC recipients' flexibility (or expand administrative flexibility in a way that benefits recipients), I determine that such policies would garner support from the targeted population.

Again, a notable exception is the requirement of a signed statement of loss in order to secure replacement of benefits. This measure not only singles out WIC recipients among the population of disaster victims, but it also requires an additional interaction with a bureaucracy that can present an undue burden in the midst of an emergency. As a result, this requirement is unlikely to garner support from the target population under any circumstances, but especially not during a crisis. However, aside from this policy, the slate of changes typically employed by North Carolina WIC during disasters seem like reasonable measures that participants could hypothetically authorize.

Thus with the exception of Singling Out, it seems that WIC acts relatively respectfully toward recipients' agency during disasters. Perhaps counterintuitively, the organization actually seems more able to exercise this deference during emergencies than under normal operating conditions. This finding implies that while North Carolina WIC's disaster response policies show a general regard for participants' autonomy and by extension their moral personhood, the agency's ordinary operation may not.

D. Implications for Resiliency

The possibility that WIC is more respectful of participants' autonomy during discrete emergencies than it is during the course of normal operation is troubling. Ideally, the program would acknowledge the dignity and autonomy of all recipients through its practices and policies at all times, not just during disasters. Thus, its failure to do so demonstrates a lack of resiliency in program structure and administration. However, simply recognizing that emergency administrative practices are more agency-preserving than regular WIC administration opens the door to program changes that could result in greater autonomy for WIC recipients in all circumstances. This finding serves as evidence that many aspects of North Carolina WIC's emergency administration would be beneficial if implemented as permanent policies, applied during crises and under non-emergency circumstances.

One potential explanation for this finding is that WIC recipients face many of the same kinds of challenges during emergencies *and* non-emergencies. The administrative changes described above are intended to address issues such as food scarcity, difficulty appearing at WIC agencies to receive services, challenges securing eligibility documentation, etc. The underlying assumption made by WIC administrators and other government agents when they waive or modify program requirements during crises is that the aforementioned circumstances are merely temporary. That is, they assume these challenges are brought on by disaster events and will subside once a given crisis has passed. Yet for many WIC recipients, this is not the case. Rather, they routinely face obstacles to tasks like securing approved food items or appearing at WIC agencies for services and trainings. Given that these challenges are not unique to times of crisis, WIC agencies that wish to serve participants well under all circumstances face a compelling call to reform and embrace structures that produce program resilience. Favorable changes include

those that prioritize WIC recipients' agency and preserve their ability to self-govern, whether or not such individuals are faced with an emergency. By normalizing these aims within ordinary program administration, NC WIC programs can increase their overall quality of service to vulnerable welfare recipients while rendering their programs more resilient in the face of future disasters.

V. Conclusion

Preserving the agency and autonomy of welfare recipients is seldom a policy priority. As beneficiaries of the social safety net, their status as self-governing persons is often overlooked or ignored. This study has explored the effect of welfare administration on recipients of the WIC program during crises, employing an ethical lens to better understand the normative considerations at play.

Through a critical interpretive analysis, I identified and examined trends in the emergency administration of supplemental nutrition programs. I then evaluated these practices against a normative ethical framework to gauge the level of regard for individual agency that North Carolina's WIC program affords participants.

This study finds that while emergency program administration is relatively agency-preserving, ordinary program operation is not. The idea that WIC recipients enjoy a greater exercise of their autonomy during emergencies than under normal circumstances is troubling. It should cause us to rethink the administrative practices that have become normalized for welfare recipients and push welfare agencies to make beneficiary autonomy a greater priority.

This study's second key question asked: Should administrative changes made to WIC programs during crises be permanent? Having reviewed relevant literature and examined WIC's

emergency policies relative to regular operation, I answer a resounding “Yes.” WIC administration during disasters is more respectful of recipients’ autonomy along virtually every dimension. Unlike regular operation, WIC emergency policies express positive judgements about recipients’ ability to self-govern by and employ available means to positive nutritional ends. Emergency administration also lessens the burden on WIC staff and employees to comply with organizational requirements, such as rigid timetables and frequent reporting. This reduction of bureaucratic burden may well produce other positive externalities for WIC agencies as they seek to meet program participants’ needs.

It is likely that the benefits described here do not encompass the total effect of increased administrative flexibility in the WIC program. For that reason, additional research is necessary. Future inquiries may wish to investigate the effect of increased flexibility on other welfare programs in locales beyond North Carolina. By exploring the consequences of heightened administrative flexibility in the social safety net, we may begin to understand the complex effects of agency-preserving policies across welfare programs.

This thesis sought to explore the intersection of normative ethics and welfare administration. Through an analysis of the North Carolina WIC program, it has begun to expose flaws in a key supplemental nutrition initiative. However, such administrative shortcomings likely exist elsewhere. Hopefully, the critique contained here can serve as a starting point for additional research and scholarship about the ethical effects of welfare policies on recipient autonomy, and in turn spark policy solutions that preserve and promote participant agency.

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Appendix

FNS Disaster Assistance Dashboard Entries

1) **Incident: Severe Winter Storms**

When: Feb. 15, 2021

Supplemental Nutrition Assistance Program (SNAP)

- On March 1, 2021, FNS approved a North Carolina request to waive timely reporting of food loss for households in 27 counties. This waiver approval allows impacted households in North Carolina to make a request for the replacement of SNAP benefits through March 15, 2021.

2) **Incident: Tropical Storm Isaias-Recovery**

When: Aug. 4, 2020

Supplemental Nutrition Assistance Program (SNAP)

- On Aug. 31, 2020, FNS approved North Carolina Department of Health and Human Services, Division of Social Services (DSS) request to issue mass replacements to impacted households in the 11 counties below. This waiver approval allows households to receive replacement of 40 percent of July SNAP benefits as a result of Hurricane Isaias and power outages that occurred on Aug. 4, 2020.

Impacted counties:

Bertie, Brunswick, Camden, Gates, Jones, Martin, New Hanover, Onslow, Pamlico, Pender and Washington.

3) **Incident: Hurricane Dorian**

Began Aug. 30, 2019

Supplemental Nutrition Assistance Program (SNAP)

- On Sept. 19, 2019, FNS approved North Carolina's request to issue mass replacements in the counties of Craven, Jones, and Pamlico. This waiver approval allows households in these affected counties to receive replacement of 30 percent of the August SNAP benefit. These replacement SNAP benefits allow households to replace food lost due to power outages and flooding resulting from Hurricane Dorian.
- On Sept. 14, 2019, FNS approved North Carolina's request to issue mass replacements in the counties of Brunswick, Camden, Carteret, Currituck, Dare, Hyde, Tyrrell, and Washington allowing households in these affected counties to receive replacement of 30 percent of the August SNAP benefit. These replacement SNAP benefits allow households to replace food lost due to power outages and flooding resulting from Hurricane Dorian.
- On Sept. 7, 2019, FNS approved North Carolina's request for timely household reporting of food loss for the state. This waiver approval will allow households to make a request for replacement of SNAP benefits through Sept. 30, 2019. These replacement SNAP benefits will allow households to replace food lost due to power outages and flooding resulting from Hurricane Dorian.

- On Sept. 6, 2019, FNS approved North Carolina for early issuance of September benefits to SNAP households that normally receive their benefits between the ninth and twenty first of the month. The early issuance of benefits will allow the state to respond to the needs of families who are preparing for and recovering from severe weather.

4) **Incident: Hurricane Michael**

Began Oct. 10, 2018

Supplemental Nutrition Assistance Program (SNAP)

- On Oct. 19, 2018, FNS approved the North Carolina request for timely household reporting of food loss for North Carolina. This waiver approval allowed households to make a request for replacement of SNAP benefits through Oct. 31, 2018. These replacement SNAP benefits allowed households to replace food lost as a result of Hurricane Michael.

5) **Incident: Hurricane Florence**

Began Sept. 7, 2018

Disaster Supplemental Nutrition Assistance Program (D-SNAP)

- On October 30, FNS approved North Carolina's request to operate a D-SNAP in three additional counties (Chatham, Durham, and Guilford) starting on November 1. Look for specific information regarding D-SNAP eligibility and operations on state web pages or call the state's SNAP hotline.
 - [NCDHHS- After Hurricane Florence: Help Buying Food](#)
 - SNAP Hotline: 866-719-0141
 - If you need assistance with or a replacement of your EBT card, please call the state's EBT customer service number at: 888-622-7328.
- On Oct. 17, FNS approved North Carolina's request to expand D-SNAP operations in three additional counties (Anson, Orange, and Union) in response to the impact of Hurricane Florence. For specific information regarding D-SNAP eligibility and operations, [click here](#), or call the state's SNAP hotline at 866-719-0141. If you need assistance with or a replacement of your North Carolina EBT card, please call the state's EBT customer service number at 888-622-7328.
- On September 28, FNS approved North Carolina's request to expand D-SNAP operations in one additional (Greene) county in response to the impact of Hurricane Florence.
- On September 25, FNS approved North Carolina's request to expand D-SNAP operations in 9 additional counties in response to the impact of Hurricane Florence:

Hoke	Lee	Richmond
Hyde	Moore	Scotland
Johnson	Pitt	Wilson

- On September 23, FNS approved North Carolina's request to operate a D-SNAP in 18 counties.

Beaufort	Columbus	Harnett	Onslow	Robeson
Bladen	Craven	Jones	Pamlico	Sampson
Brunswick	Cumberland	Lenoir	Pender	Wayne
Carteret	Duplin	New Hanover		

Supplemental Nutrition Assistance Program (SNAP)

- On Oct. 17, 2018, FNS approved North Carolina's request to extend SNAP cases that are scheduled to expire in October and November 2018 for 6 months. This approval applies to the following 3 counties: Anson, Orange, and Union.
- On Sept. 26, 2018, FNS approved North Carolina's request to issue mass replacements for residents in certain counties that suffered food losses resulting from power outages and flooding caused by Hurricane Florence. This waiver allows the North Carolina Department of Health and Human Services to automatically replace 60 percent of the September 2018 SNAP benefit for households in the following counties:

Hoke	Lee	Richmond
Hyde	Moore	Scotland

- On Sept. 23, 2018, FNS approved North Carolina's request to issue mass replacements for residents in certain counties that suffered food losses resulting from power outages and flooding caused by Hurricane Florence. This waiver allows the North Carolina Department of Health and Human Services to automatically replace 60 percent of the September 2018 SNAP benefit for households in the following counties:

Bladen	Columbus	Jones	Onslow	Robeson
Brunswick	Craven	Harnett	Pamlico	Sampson
Carteret	Duplin	New Hanover	Pender	

- On Sept. 19, 2018, FNS approved North Carolina's request to extend certification periods and waive periodic reporting requirements for ongoing SNAP households in 18 counties. The approved request allows the state agency to extend SNAP cases that are scheduled to expire in September and October 2018 for 6 months. On September 26, the state requested to expand this waiver to an additional 9 counties. On September 28, FNS modified this approval for use in all counties throughout the state. The state agency will allow each county the flexibility to elect to operate this waiver.
- On Sept. 16, 2018, FNS approved North Carolina's request to allow for hot foods to be purchased at SNAP authorized retailers through October 31, 2018. The waiver applies to North Carolina. Note, retailers may need as much as 24-36 hours to make changes that will allow for sale of hot foods. Please set appropriate expectations when messaging hot foods availability to SNAP participants.
- On Sept. 16, 2018, FNS approved the North Carolina request for timely household reporting of food loss for North Carolina. This waiver approval will allow households to make a request for

replacement of SNAP benefits through Oct. 15, 2018. These replacement SNAP benefits will allow households to replace food lost as a result of Hurricane Florence.

Child Nutrition Programs

- On November 28, FNS extended an approval for meal pattern flexibilities in three counties. This allows schools in Craven, Onslow, and Pender counties to continue to serve meals that do not meet the school breakfast and lunch meal pattern requirements through Dec. 31, 2018.
- On November 28, FNS extended a disaster approval which allows schools in Craven, Onslow, and Pender counties to continue to provide school meals to students at no cost and claim all meals at the free reimbursement rate through Dec. 31, 2018.
- On October 19, FNS extended two disaster approvals for certain counties in North Carolina impacted by Hurricane Florence. Schools in Craven, Duplin, Onslow, Pender, and Robeson counties may continue to serve meals that do not meet the school breakfast and lunch meal pattern requirements through November 30, 2018. Schools in Craven, Duplin, Onslow, and Pender counties may continue to provide school meals to students at no cost and claim all meals at the free reimbursement rate through Nov. 30, 2018.
- On October 1, FNS approved North Carolina's request to assist Child and Adult Care Food Program (CACFP) institutions and facilities impacted by Hurricane Florence by waiving meal pattern requirement for the 28 counties with a Major Disaster Declaration in North Carolina. The approval is effective from Sept. 14 to Oct. 31, 2018.
- On September 27, FNS issued three approvals for disaster waivers and flexibilities to assist schools and summer feeding sites in North Carolina impacted by Hurricane Florence.
 - 1) Schools in nine counties (Hoke, Hyde, Johnston, Lee, Moore, Pitt, Richmond, Scotland and Wilson) are permitted to:
 - 2) Summer feeding sites operated by the Food Bank of Central and Eastern North Carolina (FBCEN) located in counties covered by FEMA's Major Disaster Declaration (MDD) are approved for extensions for two waivers, now effective through October 19 (previously set to expire September 30):
These waiver approvals also apply to FBCEN feeding sites located in the nine new counties included in the MDD amendment mentioned above (total of 27 counties).
 - 3) Schools in five counties (Buncombe, Caswell, Nash/Rocky Mount, Person and Martin) not covered by FEMA's MDD are approved to continue to serve meals that do not meet the school lunch and school breakfast meal pattern requirements, through October 12. This targeted and limited extension is based on continued challenges accessing adequate food supplies in these five counties as a result of Hurricane Florence. For all other counties in NC that are not covered by FEMA's MDD, approval to serve school meals that did not meet the meal pattern requirements expired on September 30.
- Serve meals that do not meet the school lunch, school breakfast, and summer meal pattern requirements, through October 19.
- Provide school meals at no charge and claim all meals at the free rate, through October 31.
- Allow children at summer feeding sites to take meals home to eat, if staying on site is not an option, through October 19.
- Serve meals that do not meet the summer meal pattern requirements.
- Allow children at summer feeding sites to take meals home to eat, if staying on site is not an option.

- On Sept. 19, 2018 FNS approved a waiver request from North Carolina to allow School Food Authorities (SFAs) to operate Summer Food Service Program (SFSP) sites at both school and non-school sites. Due to difficulties accessing appropriate foods, FNS is also allowing SFAs operating the SFSP in the impacted areas to be reimbursed for meals that do not meet the meal pattern requirements. The waiver also allows children at these SFSP sites to take meals home to eat, if staying on site is not an option. This waiver applies to the 18 counties approved for individual assistance (IA) through Oct. 19, 2018.
- On Sept. 17, 2018, FNS approved North Carolina's request for disaster flexibilities to assist schools impacted by Hurricane Florence. This applies to schools that operate the school lunch and school breakfast programs throughout North Carolina. Schools throughout North Carolina may have served and received reimbursement for lunch and breakfast meals that did not meet the meal pattern requirements, effective through Sept. 30, 2018.
- On Sept. 17, 2018, FNS approved North Carolina's request to provide flexibility to schools in what they can serve students in the Federal school meal programs, given the challenges of preparing specific foods during this period. Therefore, schools will be able to serve meals through Oct. 19, 2018, that do not meet the menu planning or meal pattern requirements for schools and institutions in the 18 counties in North Carolina included in the Major Disaster Declaration. All students in these 18 counties in NC are eligible to receive free school meals through the National School Lunch and School Breakfast Programs through Oct. 31, 2018, as well. Schools will be reimbursed at the free rate for all meals served.
- The state may designate schools and other facilities as emergency shelters, which can operate under the Child and Adult Care Food Program.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- North Carolina WIC may replace participant food benefits for the month of September that were damaged or stolen during Hurricane Florence. Participants must sign a statement attesting to the fact that their food benefits have been damaged, destroyed, or stolen as a result of a disaster. Please contact the North Carolina Department of Health and Human Services 1-800-367-2229 for further information.

6) Incident: Tornado and Severe Storm

When: April 15, 2018

Supplemental Nutrition Assistance Program (SNAP)

- On May 21, 2018, FNS approved North Carolina's request to operate a Disaster Supplemental Nutrition Assistance Program (D-SNAP) in Guilford County for one additional day, through May 22, 2018, to allow impacted individuals additional time to apply for benefits.
- On May 15, 2018, FNS approved a North Carolina request for a D-SNAP in Guilford and Rockingham Counties due to the impact of a tornado and severe storms that occurred in April 2018. The D-SNAP was approved to operate May 17-21, 2018. FNS also approved the state's request for a 1-month disaster supplement to all eligible ongoing SNAP households that resided in certain impacted areas of the approved counties and requested and received replacement benefits. Ongoing SNAP households that were already receiving the maximum monthly allotment were not eligible for disaster supplements. Disaster supplements provided for equity in disaster assistance, as supplements bring ongoing households up to their maximum allotment based on household size.

- On May 21, 2018, FNS approved the state's request to extend the 10-day reporting timeline by one additional day in Guilford County so that ongoing SNAP households had until May 22, 2018 to report SNAP food loss and request replacement benefits.
- On May 15, 2018, FNS approved a request to extend the 10-day reporting timeline so that ongoing SNAP households in Guilford and Rockingham counties had until May 21, 2018 to report SNAP food loss and request replacement benefits.

North Carolina “WIC Program: COVID-19 Emergency Response” Entries

1) HR 6201 Excerpt

COVID-19: Families First Coronavirus Response Act (H.R. 6201)

North Carolina was granted approval of a physical presence waiver through May 31, 2020. The approval to waive the physical presence requirement includes the ability to defer anthropometric and bloodwork requirements necessary to determine nutritional risk for the period the physical presence waiver is in effect. Where necessary, the local agency may defer anthropometric and bloodwork requirements necessary to determine nutrition risk but the Competent Professional Authority (CPA) must still attempt to the best of his/her ability to assess nutrition risk based on the information available through telephonic or online communication and/or referral data.

2) “WIC Processes without Physical Presence” Excerpt

“In December 2019, a novel coronavirus was first detected in Wuhan of the Hubei Province in China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, in response to COVID-19 and a State of Emergency was declared March 10, 2020 in North Carolina.

The USDA’s Food and Nutrition Service (FNS) has granted approval to the North Carolina WIC Program’s request for a physical presence waiver. The approval to waive the physical presence requirement includes the ability to defer anthropometric and bloodwork requirements necessary to determine nutritional risk for the period the physical presence waiver is in effect. All other established policies and procedures remain in place and must be followed as if participants are present in the clinic.

The North Carolina WIC Program Manual already allows for the provision of some WIC services via phone or digital platform. The guidance listed below expands the modifications to programmatic requirements and services due to potential closure of clinics or social distancing practices which alter typical procedure. This guidance will be evolving throughout the course of the COVID-19 emergency response. It is important to note that these changes are temporary allowances during the pandemic and are not intended to fundamentally change the Program. Information required for certification

should be collected and documented to the extent possible based on phone conversations or other communication with the family. In other words, local agencies may defer anthropometric and bloodwork requirements necessary to determine nutrition risk but the Competent Professional Authority (CPA) must still attempt to the best of his/her ability to assess nutrition risk based on the information available through online communication and/or referral data.”

Full text available at: <https://www.nutritionnc.com/wic/pdf/covid-19/CertificationWithoutPhysicalPresenceRevised.pdf>

3) NC eWIC Waiver Quick Guide



COVID-19 Waivers

Can I buy . . .



BREAD

100% Whole Wheat or Whole Grain
Yes! Get any size 16-24 oz.



MILK

If you are issued skim/nonfat or 1% and your store is out . . .
Yes! Get 2%.



YOGURT

If you are issued low-fat or nonfat and your store is out . . .
Yes! Get whole.



New Approved Foods

Can I buy . . .



CHEESE

Yes! Get 8 oz. or 16 oz. sliced, shredded, block, snack, cubed, shaped, crumbled, strips, sticks, diced, grated, or string.



A dozen Chicken EGGS

Yes! Get white, brown, any specialty (low-cholesterol, cage free, etc.).



ORGANIC

Yes! In all approved food categories.




State of North Carolina • Department of Health and Human Services
 Division of Public Health • Nutrition Services Branch
www.ncdhhs.gov • www.nutritionnc.com/mywic
 This institution is an equal opportunity provider.

4) “Remote Services: Local Agency Considerations” Excerpt

Interim Guidance
Remote Services: Local Agency Considerations

Prerequisites for Remote WIC Services: Local Agency Considerations

Food access is a priority as part of the collective response to the COVID-19 pandemic and each local WIC agency plays a central role in addressing food insecurity in their service area. As such, **WIC agencies must remain accessible and operational to assure benefits are available to current AND new participants.**

The Nutrition Services Branch (NSB) has received approval from USDA to waive the physical presence requirements for participants and applicants. Please follow the NSB guidance [Certification without Physical Presence](#) in order to minimize face-to-face interactions. We encourage virtual or telephonic contacts with participants utilizing flexibilities around remote issuance of benefits.

If your local agency's WIC Program operations change, you are required to contact your RNC, NSB Customer Service Desk, and update your "WIC and COVID-19 Operating Changes Survey" using your personalized link received from Survey Monkey to reflect your local agency's current operational status. If you need assistance with the survey link, contact your RNC.

Full text available at:

<https://www.nutritionnc.com/wic/pdf/RemoteServicesLocalAgencyConsiderations.pdf>